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maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 025191 7590 05/31/2005				÷ .	Note: A certificate of	mailing can only be used fis certificate cannot be used all paper, such as an assignment of mailing or transmission.	or domestic mailings of the
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08/29/2005 WABDELI 01 FC:1501 02 FC:1504 03 FC:8001			Melissa Willis 3/24/0	T. Kuczyński N. //Wesyma	(Depositor's name) (Signature) (Date)		
APPLICATION NO.	FILING DATE	.00 OP FIRST NAMED INV				ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/796,890	03/09/2004	Kunio Nakayan				791_235	2913
TITLE OF INVENTION: METHOD FOR PREPARING DDR TYPE ZEOLITE FILM, DDR TYPE ZEOLITE FILM, AND COMPOSITE DDR TYPE ZEOLITE FILM, AND METHOD FOR PREPARATION THEREOF							
APPLN. TYPE SMALL ENTITY ISSUE F				PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional					\$300	\$1700 1	08/31/2005
SPITZER, F	ART UNIT		CL	095-051000			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute f	ear on the for filing	• • •	ee is identified below, the d	locument has been filed for
NGK Insulat	ors, Ltd.	N	agoya (City	, Japan		
Please check the appropriate	assignee category or category	ories (will not be pr	inted on the pa	itent):	Individual D Co	orporation or other private gr	oup entity Government
4a. The following fee(s) are	enclosed:	4 b	. Payment of F				
Sissue Fee			A check in the amount of the fee(s) is enclosed.				
No Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $50-1446$ (enclose an extra copy of this form).						
5. Change in Entity Status a. Applicant claims SN	(from status indicated above MALL ENTITY status. See		☐ b. Applica	ant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
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